

St. Irenaeus Parish Registration

_____ Family Last Name

____/____/____ Registration Date

Household Information

_____ Street Address _____ City _____ State _____ Zip Code _____ Zip-Plus 4

_____ Family Contact Phone Number _____ Family E-mail (please print)

Office use only:
Envelope # _____
Time & Talent _____

Adult Member Information

Adult Member #1 Male Female

Please check one: Mr. Mrs. Ms. Dr.

First Name: _____

Last Name: _____

Maiden Name: _____

Date of Birth: _____

Cell Phone Number: _____

E-mail: _____

Occupation: _____

First Language: _____

Sacraments Received in the Catholic Church

(Check all that apply)

Baptized 1st Communion Confirmation Not Catholic

Baptismal Faith: _____

Marital Status: _____ Date of Marriage: _____

Adult Member #2 Male Female

Please check one: Mr. Mrs. Ms. Dr.

First Name: _____

Last Name: _____

Maiden Name: _____

Date of Birth: _____

Cell Phone Number: _____

E-mail: _____

Occupation: _____

First Language: _____

Sacraments Received in the Catholic Church

(Check all that apply)

Baptized 1st Communion Confirmation Not Catholic

Baptismal Faith: _____

Registered at previous church: Y/N If yes, church name _____

Dependent (s)

_____ Name _____ M/F _____ Date of Birth _____ Current Grade in School

Baptized 1st Communion Confirmation Not Catholic
Sacrament Received in Catholic Church (**check all that apply**)

_____ Name _____ M/F _____ Date of Birth _____ Current Grade in School

Baptized 1st Communion Confirmation Not Catholic
Sacrament Received in Catholic Church (**check all that apply**)

See bottom of Page 2 for the Submit Button

Name M/F Date of Birth Current Grade in School

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Sacrament Received in Catholic Church (***check all that apply***)

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Sacrament Received in Catholic Church (***check all that apply***)

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